

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS5188NTC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/19/2009
NAME OF PROVIDER OR SUPPLIER NEW BEGINNINGS COUNSELING CENTERS, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 4225 S EASTERN AVE STE 11 LAS VEGAS, NV 89119		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 00	INITIAL COMMENTS Surveyor: 21044 This Statement of Deficiencies was generated as the result of an State Licensure survey conducted at your facility on 11/19/09. The State Licensure survey was conducted in accordance with Chapter 449, Facilities for Treatment with Narcotics; Medication Units, effective April 15, 1998. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.	N 00		
N169 SS=F	449.1548(4) OPERATIONAL REQUIREMENTS In addition to all other requirements set forth in NAC 449.154 to 449.15485, inclusive, each facility for treatment with narcotics and each medication unit shall: 4. Be in full compliance with all applicable provisions of 42 C.F.R. Part 8, all other applicable federal laws and regulations and all other requirements of the SAMHSA and the DEA. This Regulation is not met as evidenced by: Surveyor: 21044 42 Code of Federal Regulations 8.12 Federal opioid treatment standards	N169		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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N169	<p>Continued From page 1</p> <p>(4) Initial and periodic assessment services. Each patient accepted for treatment at an OTP shall be assessed initially and periodically by qualified personnel to determine the most appropriate combination of services and treatment. The initial assessment must include preparation of a treatment plan that includes the patient's short-term goals and the tasks the patient must perform to complete the short-term goals; the patient's requirements for education, vocational rehabilitation, and employment; and the medical, psychosocial, economic, legal, or other supportive services that a patient needs. The treatment plan also must identify the frequency with which these services are to be provided. The plan must be reviewed and updated to reflect that patient's personal history, his or her current needs for medical, social, and psychological services, and his or her current needs for education, vocational rehabilitation, and employment services.</p> <p>(ii) OTPs must provide counseling on preventing exposure to, and the transmission of, human immunodeficiency virus (HIV) disease for each patient admitted or readmitted to maintenance or detoxification treatment.</p> <p>(c) Continuous quality improvement. (1) An OTP must maintain current quality assurance and quality control plans that include, among other things, annual reviews of program policies and procedures and ongoing assessment of patient outcomes.</p> <p>(6) Drug abuse testing services. OTPs must provide adequate testing or analysis for drugs of abuse, including at least eight random drug abuse tests per year, per patient in maintenance treatment, in accordance with generally accepted clinical practice. For patients in short-term detoxification treatment, the OTP shall perform at least one initial drug abuse test. For patients</p>	N169			

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N169	<p>Continued From page 2</p> <p>receiving long-term detoxification treatment, the program shall perform initial and monthly random tests on each patient.</p> <p>(e) Patient admission criteria -(1) Maintenance treatment. An OTP shall maintain current procedures designed to ensure that patients are admitted to maintenance treatment by qualified personnel who have determined, using accepted medical criteria such as those listed in the Diagnostic and Statistical Manual for Mental Disorders (DSM-IV), that the person is currently addicted to an opioid drug, and that the person became addicted at least 1 year before admission for treatment. In addition, a program physician shall ensure that each patient voluntarily chooses maintenance treatment and that all relevant facts concerning the use of the opioid drug are clearly and adequately explained to the patient, and that each patient provides informed written consent to treatment.</p> <p>Based on record review and interview on 11/19/09, the facility was not in compliance with 42 Code of Federal Regulations (CFR), Part 8 by not ensuring laboratory testing (tuberculosis) was completed per policy on 10 of 10 clients, by not ensuring emergency drills were conducted per policy, by not ensuring 2 of 5 staff were trained in cardiopulmonary resuscitation per policy, by not instituting a quality assurance program, by not ensuring the facility was well maintained, by not ensuring that consents were complete for 8 of 10 patients, by not ensuring HIV counseling was conducted with 5 of 10 clients, by not ensuring treatment plans were shared or created for 4 of 10 clients, by not ensuring urine drug screenings were conducted on 2 of 10 clients,</p> <p>Findings include:</p>	N169			

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N169	<p>Continued From page 3</p> <p>A policy titled, "Orientation to Treatment" indicated that clients would be tested for tuberculosis (TB) on admission. An employee reported the facility was not testing clients for TB.</p> <p>A policy titled, "Emergency Schedule and Documentation" indicated that a workplace threat and violence drill would be conducted in January, a power failure or natural disaster drill would be conducted in April, a fire drill would be conducted in July and a medical emergency or a safety during violent/threatening situations drill would be conducted in October. A review of the emergency drill log book indicated the facility was only conducting monthly fire drills.</p> <p>A policy titled, "First Aid Plan: indicated that at least one individual with CPR qualifications be on hand during normal operating/work hours. Employee #1 and #5 lacked evidence of CPR training in their file.</p> <p>A policy titled, "Quality Control and Assurance Plan" was reviewed. The program sponsor reported the facility had not instituted its quality assurance plan.</p> <p>Client #1 - Admission date was 9/24/09. The client's signed consent was not witnessed.</p> <p>Client #2 - Admission date was 12/13/08. The client's signed consent was not witnessed, the name of the practitioner explaining the consent form was missing and the name of the medical director was missing. The client's file did not contain evidence the client received HIV counseling.</p> <p>Client #3 - Admission date was 3/30/09. The client's file did not contain evidence the client</p>	N169		

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N169	<p>Continued From page 4</p> <p>received HIV counseling.</p> <p>Client #4 - Admission date was 8/25/08. The client's file did not contain a signed consent or evidence the client received HIV counseling. A 7/2/09 treatment plan was not signed by the client or the counselor.</p> <p>Client #5 - Admission date was 9/24/09. The client's signed consent was not witnessed, the name of the practitioner explaining the consent form was missing and the name of the medical director was missing. The client's file did not contain evidence the client received HIV counseling. The only treatment found in the file (2/2/09) was not signed by the client.</p> <p>Client #6 - Admission date was 11/12/09. The client's signed consent was not witnessed.</p> <p>Client #7 - The client's signed consent was not witnessed and the name of the medical director was missing. The client was originally admitted on 3/6/09 and then re-admitted on 9/3/09. The only urine drug screen found in the facility's record was dated 3/6/09. The only treatment plan found in the record was dated 4/14/09 and it was not signed by the counselor. There was no updated treatment plan after the client's re-admission. The client's file did not contain evidence the client received HIV counseling.</p> <p>Client #8 - Admission date was 11/5/08. The client's signed consent was not witnessed, the name of the practitioner explaining the consent form was missing and the name of the medical director was missing. The client was admitted on 11/5/08 and there was no record that any urine drug screening was conducted. The client's file did not contain evidence the client received HIV</p>	N169			

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N169	Continued From page 5 counseling. Client #10 - Admission date was 9/29/09. The client's signed consent was not witnessed, the name of the practitioner explaining the consent form was missing and the name of the medical director was missing. There was no signed treatment plan found in the facility's record. Severity: 2 Scope: 3	N169		
N174 SS=F	449.1548(9) OPERATIONAL REQUIREMENTS In addition to all other requirements set forth in NAC 449.154 to 449.15485, inclusive, each facility for treatment with narcotics and each medication unit shall: 9. Develop and maintain a system to ensure that prospective and existing clients are not receiving narcotics from any other facility for treatment with narcotics or any other medication unit. This Regulation is not met as evidenced by: Surveyor: 21044 Based on record review on 11/19/09, the facility did not follow a system to ensure that 5 of 10 prospective clients were not receiving narcotics from any other narcotic treatment center. Findings include: The files for Client #1, #2, #3, #4 and #10 did not contain evidence that staff contacted other clinics to verify if clients were receiving methadone in those clinics. Severity: 2 Scope: 3	N174		

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N175	Continued From page 6	N175		
N175 SS=F	<p>449.1548(10) OPERATIONAL REQUIREMENTS</p> <p>In addition to all other requirements set forth in NAC 449.154 to 449.15485, inclusive, each facility for treatment with narcotics and each medication unit shall:</p> <p>10. Comply with all applicable local laws and regulations, including, but not limited to, zoning laws and regulations.</p> <p>This Regulation is not met as evidenced by: Surveyor: 21044 International Fire Code, 2003</p> <p>Chapter 10 Means of Egress.</p> <p>[B] Section 1011 Exit Signs.</p> <p>1011.2 Illumination. Exit signs shall be internally or externally illuminated.</p> <p>Based on observation on 11/19/09, the facility did not ensure that 2 of 2 emergency lights was illuminated.</p> <p>Findings include:</p> <p>During a facility tour at 6:00 AM, the exit signs located at the front entrance and the rear exit were not illuminated. A representative from the Nevada State Fire Marshal's office reported that the facility must comply with the International Fire Code which stipulates that all exit signs must be illuminated.</p> <p>Severity: 2 Scope: 3</p>	N175		

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